Recommended Form
Revised 6/2012
Sponsored Center Site Review Form

Required Review Content

CACFP Sponsored Center (Site) Review Form

Iowa Child and Adult Care Food Program

Requirement: Sponsors must adequately train, supervise and review sponsored centers (sites) to ensure that CACFP requirements are met. Written site reviews must be done and documented before CACFP participation, and 3 times per fiscal year for sites with 12 claims. If the site has 5-11 claims do 2 reviews, if 1-4 claims do 1 review. Review averaging option: Sites with 12 claims may receive 2, 3, or 4 reviews if the total number of reviews for all sites equals 3 times the number of total sites and the State is notified in the management plan that review averaging will be used. Review averaging cannot be used for sites with serious deficiencies. No more than 6 months may elapse between reviews, and no more than 9 months may elapse when 2 reviews are conducted, from one fiscal year to the next. If doing 2 reviews, both must be unannounced, one of which must be at mealtime. Unannounced reviews must be conducted at varied meals and intervals so sponsored center sites cannot predict when reviews will take place. The meals reviewed should be roughly proportional to the meals claimed. All classrooms at the center must be reviewed. *Centers may receive announced or unannounced visits at any time from any CACFP governmental official. Proper ID must be available from any review official.* Required review items are highlighted.

1. REVIEW INFORMATION **Fiscal year reviews: Pre-approval ☐ 1st ☐ 2nd ☐ 3rd ☐ Review averaging:** Y☐ N☐

Sponsor name: _____ Site name: _____

THIS REVIEW: Date:_____ *(Some items, marked with a √, may need to be completed before the review).*

Reviewer: _____ Arrival: _____ Departure: _____ Announced☐ Unannounced☐ Meal Visit☐

√ If visit is at meal time, list meal time submitted on site application to State Agency: _____

- License/approval expiration date: _____ Capacity: _____
- Was the center over capacity on the day of the review? Y☐ N☐

√ Are enrollments completed and signed by parents? Y☐ N☐

√ Are enrollments updated annually? Y☐ N☐

- Are attendance records current? Y☐ N☐ If no, meals may not be claimed for children not in recorded attendance and staff must be trained to ensure attendance records are current.
- Is attendance recorded separately from meal counts? Y☐ N☐

√ **LAST REVIEW:** Pre-approval ☐ 1st ☐ 2nd ☐ 3rd ☐
Date: _____ Announced☐ Unannounced☐

Reviewer: _____
Meal observed last review: B A L P S E None

Were there any required changes from the last review? Y☐ N☐
If yes, record:

Were any serious deficiencies identified? Y☐ N☐
(If yes, the current review must be unannounced.)

PARENT CONTACT ASSESSMENT: PARENT CONTACTS ARE NOT REQUIRED FOR ADULT CENTERS, OUTSIDE SCHOOL HOURS CHILD CARE OR AT RISK AFTER SCHOOL MEAL PROGAMS.

Average Daily Attendance (ADA) for last claim: _____ (*total attendance for the last completed claim month divided by the number of days meals were claimed.)*

A parent contact is needed if three factors with double asterisks** (throughout the form) are identified during the review.

- Total daily attendance observed at this review: _____
- **Is today's total attendance reasonably similar number to the ADA? Y☐ N☐ If no, explain:
- **Do parents sign children in/out? (staff may sign children in/out if they are transported)? Y☐ N☐ n/a☐
- Were other factors identified during review? *(Questions with double asterisk**.)* Y☐ N☐ If yes, how many?_____
- **Is a household contact needed?** ***(Three or more factors identified)*** **Y☐ N☐**

2. MEAL OBSERVED: (circle) B A L P S E Non-Meal Visit Answer Y, N or n/a for each classroom or age group.

Enter classroom or age group→						**Comments**
Was meal served within ½ hour of State approved time?						
Did staff sit with participants, enjoy and discuss foods?						
Was meal adequately supervised?						
Was the meal served family style? If yes:						
• Were participants appropriately encouraged to try all foods?						
• Were bowls and utensils sized for easy passing and serving?						
• Was enough of each required food on table at beginning of meal for each person seated to have a full serving?						
If staff served food, were the required amounts on the plate (cup) at the beginning of the meal?						
Was mealtime atmosphere pleasant, relaxed and calm?						
Did participants decide how much and which foods to eat?						
**Was an accurate meal count taken at mealtime?						

√ Information to complete before the review when available.

Record foods served and serving sizes or check if Non-Meal Visit ☐							
Meal Component	**Food Served↓**	**Amount Served↓ (total or individual serving sizes)**					
Enter classroom or age group →							
Milk (skim or 1% must be served if over age 2)							Did each participant received the minimum required amount of food? Y☐ N☐
Meat/Meat Alt							
Grain/Bread							Were meal pattern requirements met? Y☐ N☐
Fruit/Veg							
Fruit/Veg							Comments:
Other (water must be served)							
TOTALS	----------	Age/class Total↓:	Age/class Total↓:	Age/class Total↓:	Age/class Total↓:	Age/class Total↓:	
Total served	Site total:						
Attendance	Site total:						

3. INFANTS ☐check if infants are enrolled	**Yes**	**No**	**N/A**	**Comments**
Is parent's choice to accept/decline center-provided formula on file?				
Are bottles and food labeled with date and child name?				
Are meals recorded reasonably close to the time when served?				
Are there daily dated menus for each child or age group?				
Is there written communication from parents on foods to serve?				
Do meals observed and/or recorded contain required components?				
Are reimbursable foods used?				
Is food chosen and textured to avoid choking?				
Do claimed meals contain at least one center-provided reimbursable food for infants 4-12 months old *(when infant is ready for solids/required by meal pattern)*?				
Does the center have policies to encourage breastfeeding?				
Is food stored properly (proper temp., covered, and separate from medications)?				
Are the refrigerator and food preparation areas clean?				
Is diapering area separate from food preparation area?				

Record foods served to infants **Meal Observed: B A L P S E**

Meal Component	Iron fortified infant formula or breast milk	Iron-fortified infant cereal	Fruit/Vegetable	Meat/Meat alternate	Bread/Crackers (snack only)	Juice (snack only)
Birth through 3 months		None required	None required	None required	None required	None required
4 through 7 months		Optional	Optional	None required	None required	None required
8 through 11 months					Optional	
Attendance		None required	None required	None required	None required	None required
Total infants served		None required	None required	None required	None required	None required

4. SAFETY/SANTATION	**Yes**	**No**	**N/A**	**Comments**
Are child hand washing facilities adequate and accessible?				
Do participants and staff wash hands at appropriate times?				
Are dining tables washed and sanitized before and after meals?				
Are the refrigerator(s) clean and at a temperature 32°-41°F?				
Are the freezer(s) clean and at a temperature of 0° F or below?				
Are cold storage temperatures monitored and recorded?				
Are disposable gloves or clean utensils used to directly handle food?				
Is the three step manual dishwashing procedure followed (wash, rinse, sanitize one minute in solution of 1T. bleach to 1 gallon of cool water; air dry).				
If the center has a commercial dishwasher, does it use an appropriate chemical sanitizer and reach required temperatures (120° F) for the wash cycle OR reach required temperatures for the rinse cycle (160° F).				
If a household dishwasher is used, does it have a thermostat that senses a temperature of 150° F or higher before the machine advances to the next cycle OR is a separate hot water heater connected?				

SAFETY/SANTATION (CONTINUED)	Yes	No	N/A	Comments
Are transported foods kept at safe temperatures (<41°F, cold foods & >135°F, hot foods)?				
Is an appropriate sanitizer used on tables and food contact surfaces? List: _____.				
If bleach is used for food contact surfaces, is it mixed properly (daily & 1 tsp. /qt. water)?				
If bleach is used for classroom tables, is it mixed properly (daily & 1 T./qt. water)?				
Are frozen foods thawed in the refrigerator, under cold running water or using the defrost setting of a microwave?				
Are food temperatures for entrees monitored and recorded?				
Are leftovers handled properly (cooled quickly in shallow pans; used within 24 hours; and discarded if at unsafe temperatures for 2 or more hours?)				
Is non-refrigerated food stored 6" or more above the floor in clean, ventilated areas & in original or appropriate/insect proof containers?				
Are bulk foods and leftovers labeled and dated?				
Are regular written cleaning schedules followed?				
Are food storage areas free of pests, cleaning supplies and medicines?				
Does the center have a 72-hr dated, rotated supply of food & water for all children & staff in case of emergencies?				
Are there any obvious fire, health or safety hazards observed in the center?				
5. CIVIL RIGHTS				
Is an "And Justice for All" civil rights poster on display in a public area?				
Are participants separated by gender for meals or other activities?				
Are families given the "Building for the Future Brochure" upon enrollment?				
Are racial/ethnic data questions completed on enrollment forms (by staff if not by families)?				
Have all staff at this site received annual Civil Rights training? (Must be documented.)				
Are all allowed access to center services and are meals served equally to all participants regardless of race, color, sex, age, disability and national origin?				

6. RECORD KEEPING

FIVE-DAY RECONCILIATION: Compare the meal counts to attendance and enrollment information for five consecutive days using the center site's records for each meal type (B=breakfast, A=am snack, L=lunch, P=pm snack) claimed during the current or last claim month. Complete the reconciliation for 10% of the participants enrolled at the site (or a minimum of five participants). To claim meals for participants, they must be enrolled and recorded in attendance at the time meals are served. If participants are claimed when they are not enrolled or not in attendance, this is a discrepancy and a factor for a parent contact. The meals must be removed from the claim for reimbursement and a revised claim submitted, if applicable.

Participant's Name↓	Record Attendance Dates ↓					Date of Meal Participation:				Date of Meal Participation:				Date of Meal Participation:				Date of Meal Participation:				Date of Meal Participation:				√ Enrollment Date & Meals/Days (Must be within 12 mo.)	**Discrepancy Y☐ N☐
						B	A	L	P	B	A	L	P	B	A	L	P	B	A	L	P	B	A	L	P		
Example	X	X	X	X	-	X	X	X		X	X			X	X	X		X	X	X		-	-	-		10/07 BAL/M-F	No-OK
1.																											
2.																											
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4.																											
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6.																											
7.																											
8.																											
9.																											
10.																											

	Yes	No	N/A	Comments
**Are meal participation records up to date (recorded for the last meal served)?				
Are medical statements on file for participants who are unable to follow the CACFP meal pattern?				
7. MENUS AND FOOD PRODUCTION RECORDS				
Are daily dated menus and food production records on file for all meals served?				
Was a food production record completed for the observed meal and did it document that minimum required amounts of food were prepared?				
Are menus posted in the kitchen and in each room where food is served?				
Are meal substitutions recorded on menus & food production records? (Records should match.)				
Do menus offer a healthy variety of colors, flavors, textures, shapes, temperatures, familiar and new foods?				
Do menus include a daily serving of vitamin C food?				
Do menus include 3 or more servings of vitamin A foods per week?				
Are preserved, processed and higher fat meats and entrees limited to one serving/week?				
Do menus include fresh &/or frozen fruits and vegetables at least three times per week?				
Are whole grains served at least half the time?				

7. MENUS AND FOOD PRODUCTION RECORDS, CONTINUED				
Is skim or 1% milk served to participants over age 2 and whole milk to toddlers age 1-2?				
Are sweets limited to twice per week at snack?				
Is water served with all meals and available throughout the day?				
Are CN labels and recipes available for contracted meals when applicable?				
8. TRAINING	**Yes**	**No**	**N/A**	**Comments**
Do key staff * have at least 1.5 hours of CACFP training prior to Program operations or within the last year, and enough to do duties correctly? (Staff may need more than 1.5 hours to correctly perform CACFP duties.)				
If no, list CACFP staff, training topics needed and when this will be provided: (List staff names, topics and dates)				
9. TEAM NUTRITION				
Do participants have several daily opportunities to learn about food, healthy eating and physical activity?				
Do children have opportunities for open and adult-led physical activity daily both indoors and outdoors (about 60 min. total for children)?				
Do participants have weekly planned food or nutrition activities?				
Do families receive information on center nutrition and physical activity policies when they enroll?				
Do participants with special needs have their nutrition and physical activity needs provided for while they are in care?				

10. FINDINGS

√ **LAST REVIEW: List any required changes from the last review and describe sponsor activities completed to address them:** Check if n/a☐

Have required changes from previous review(s) been maintained? Y☐ N☐ (if no, explain):

THIS REVIEW: **Required changes from this review:** Check if n/a☐ ☐ check here if any serious deficiencies were found. Identify which findings were serious deficiencies.	**Corrective action plan to address required changes:** Check if n/a☐

Good management practices observed:

Recommendations:

If this review identified the need for a parent contact, describe the findings/resolution: Check if n/a☐

Reviewer Signature:	**Center Staff Signature:**

*"Key staff" that must receive yearly CACFP training are private for-profit center owners, staff with CACFP responsibilities including but not limited to administrative and foodservice staff, site monitors, all teachers/staff with mealtime responsibilities, and volunteers or board members with primary CACFP mealtime and/or decision-making responsibilities pertaining to the claim.